

**KING COUNTY MENTAL HEALTH BOARD
QUALITY COUNCIL**

Monday, January 27, 2003

3:30-5:00 p.m.

Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Alice Howell
Frank Jose
Rich Hart

Excused:

Jack Fuller
Eleanor Owen

Absent

Alberto Gallegos
Debra Roszkowski
Jeanette Barnes

Staff Present:

Liz Gilbert
Dave Murphy

Guests

Howard Miller, Chair, King County Mental Health Advisory Board
Christine Hearth, Clinical Director, Community Psychiatric Clinic

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves.

III. ANNOUNCEMENTS

None

IV. RSN UPDATE

Liz Gilbert provided an update on current activities and issues involving the Regional Support Network (RSN):

- Liz handed out a new policy document: the KCRSN Residential Services, Statement of Policy Intent” dated January 26, 2003. This statement describes a housing policy direction in which the emphasis will be shifted toward providing residential support services, rather than facility-based care, and assuring that facilities are judiciously available to only those who would be significantly challenged in more independent housing options.
- The RSN has issued an RFP for residential services. The Quality Council will be provided additional details when information can be made public.
- There are two new, funded initiatives the RSN is working on: 1) A co-occurring disorder tiers that will be used for treatment and services; 2) Treatment services for court-involved individuals. There will be more information as plans develop.
- The State Mental Health Division (MHD) is working to reduce the administrative burden on RSNs/providers. Efforts will be made to streamline the community mental health WACs, and to remove requirements that aren’t specifically mandated by the Federal Balanced Budget Act or the Center for Medicaid and Medicare Services. An example of a current requirement that may be addressed is the WAC requirement for utilizing Mental Health Specialists at, either as providers or consultants, in the development of treatment plans for specific population groups.

The Quality Council discussed this issue at some length, and voiced concerns about adverse consequences on the quality of care for the potentially impacted clients. Two mental health providers (Hearth and Hart) spoke to the issue and described their experiences. From their perspective, consultations from minority specialists have mixed value. Issues include:

- Although specialists are required to have advanced training and supervision from a similar consultant before being certified, the quality of consultations varies dramatically.
 - Some consultants who may be of the same race as a particular client may not be familiar with the cultural perspective that client brings to his/her mental health treatment.
 - It is difficult for consultants who may not have intimate knowledge about a particular client to provide relevant consultation.
 - Some consultants tend to provide the same type of suggestions about each person belonging to the cultural group, thus eroding the ability to develop an individualized care plan.
 - Consultations are not required for some cultural groups, although these groups are growing in size. Examples include Russian and Eastern European immigrants.
- The MHD required by CMS to provide an actuarial rate setting study. CMS has made it clear that this study does not need to portray “reasonable and adequate”

rates. An actuarial firm, Millinam & Roberts (M&R), has been engaged to conduct the study, which must be finalized by late April. The last time a similar study was done by this firm, it took 18 months to complete, but M&R has not begun collecting data for the current study. The plan includes collecting 6 months of data from RSNs about actual service history (modality, length of service event, number of events provided for duration of study) and generalizing this data to a 12 month period. We have concerns about the methodological approach including:

- the interface between the actuarial work and another project in which definitions for service modalities are being revised (if revisions are approved prior to the actuarial study, findings may be based on obsolete definitions);
- it is unclear whether rates will be adjusted for certain client characteristics; the process that will be used to extract rates from a capitated model is perplexing because our current payment methodology is based on a per member/per month reimbursement mechanism, not fee for service;
- We have concerns that this study will take precedence over the prevalence study, thus creating further financial disadvantages for the King County RSN. The actuarial firm has discretion as to whether geographical differences will be considered, and how these will be broken out, e.g., east/west, county, RSN, statewide. Our expectations were that a properly designed and implemented prevalence study would clearly illustrate why the state should pay different rates to RSNs based on regional differences.

V. AFTER-HOUR CRISIS RESPONSE PROJECT

Alice Howell indicated the work group has not met for a while, but expects the group to be reconvened to discuss final decisions. Although a redesign of the crisis response system was expected, the final direction will emphasize standards that each provider of crisis services will be expected to meet. There were numerous barriers to implementing a centralized model that was initially favored, so creating standards was identified as a method that should move the system toward a uniform response for all clients.

VI. QUALITY COUNCIL RECOMMENDATIONS

Ron Sterling indicated the letter to Amnon Shoenfeld, Acting Manager of MHCADSD that addressed recommendations for enhanced oversight by the RSN of residential facilities was sent in December. The Mental Health Board reviewed the revised letter and recommendations related to the Case Manager Turnover Study, and has endorsed these recommendations as well. Amnon Shoenfeld will be sent a letter requesting follow-up.